

Brief Encounters

Rob Miller and Helen Ward, Editors

WHAT'S NEW IN PID

Simms *et al* used the Hager definition for clinical diagnosis of pelvic inflammatory disease (PID) in a case-control study of risk factors. Control groups were PID-free women undergoing tubal ligation, and general practice attendees. Compared with both control groups, PID was associated with younger age (under 25), having had first sex under the age of 20, self-reported sexually transmitted infection and exposure to *Chlamydia trachomatis*. Non-white ethnicity, having no children, lower socio-economic status, being single and a previous adverse pregnancy outcome were also associated with increased risk. PID control strategies currently focus on Chlamydia screening, but these data suggest a broader approach including behavioural interventions may be needed.

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In a multicentre study of 749 patients Ross *et al* compared a treatment regimen of 14 days of moxifloxacin (once daily) with ofloxacin and metronidazole (both twice daily) as treatment of uncomplicated PID. Moxifloxacin was clinically and bacteriologically as effective as ofloxacin with metronidazole (clinical resolution = 90.2% *v* 90.7%, bacteriological success 87.5% *v* 82.1%) and was associated with fewer drug-related adverse events (22.5% *v* 30.9%).

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SEXUAL RISK TAKING AND HEPATITIS C

Recent increases in rates of sexually transmitted infections and acute hepatitis C among HIV-infected men who have sex with men (MSM) suggests increasing sexual risk-taking behaviour. Ghosn *et al* studied the incidence of and risk factors for hepatitis C among patients followed since primary HIV infection in the French PRIMO cohort. The incidence of hepatitis C was 1.2 per 1000 person years before January 2003 and 8.3 per 1000 person years, subsequently. Classical risk factors for acquisition of hepatitis C (injection drug use, body piercing) were identified in women, but in men the only identifiable risk factor was unsafe sex. The data confirm observations from other studies and underscore the need for

targeted health promotion regarding risk-taking behaviour among MSM.

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IMMUNE RECONSTITUTION DISEASE

Immune reconstitution disease (IRD) to a variety of organisms occurs frequently in HIV-infected patients with low CD4 counts who commence highly active antiretroviral therapy (HAART). In some patients IRD may be severe. Hardwick *et al* describe use of montelukast (a leukotriene receptor antagonist currently licenced for treatment of asthma) in the treatment of three patients (two with tuberculosis and one with syphilis) who had severe IRD refractory to corticosteroids. All had a marked improvement in IRD with montelukast and in two patients relapse of IRD and subsequent improvement was observed when medication was stopped and subsequently restarted. The authors hypothesise that IRD in part may be due to an over-exuberant reconstitution of leukotriene activity and observe that corticosteroids, which are often used in management of severe IRD, have minimal effect on leukotriene synthesis.

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LOOK WHAT'S BACK (AGAIN)

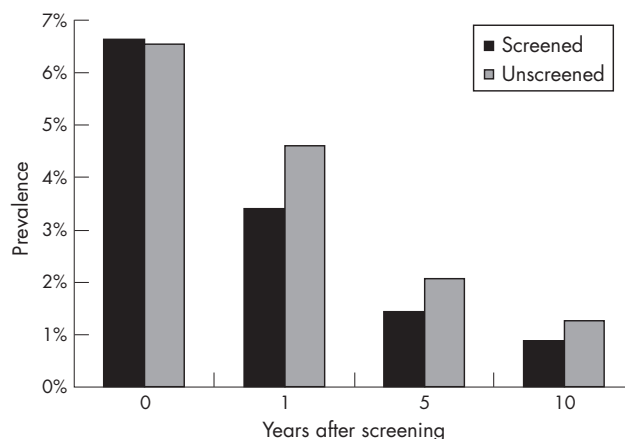
Rates of infectious syphilis have been increasing in the UK for almost 10 years, mainly in men who have sex with men. However, the potential for wider spread is clear, and Lomax reports on a significant outbreak among street-based sex workers in east London in 2004–5. A total of 21 cases were identified, including 15 cases in 24 sex workers who were reached through specialist outreach work. Lomax describes the challenges of responding to such an outbreak in which most of the sex workers were drug users who had limited contact with services. A multi-disciplinary team was essential.

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APPROACHES TO CHLAMYDIA SCREENING

There is much debate about whether opportunistic screening will be effective in controlling chlamydia infection, since the few trials of effectiveness have been based on other approaches. Turner and colleagues use a mathematical model to assess the potential of the opportunistic screening programme in the UK. They conclude that it could well have a big impact on prevalence, and evaluate different strategies. Achieving the required annual screening may be more of a challenge in real life.

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Predicted benefits of annual chlamydia screening in the UK for men and women under 25 years, see p 496.